



HIV Disease Monitoring, Prevention, and Care: HIV Surveillance

The HIV surveillance activities and requirements are largely funded and proscribed by the CDC as they are part of a national system to track the HIV epidemic. Any reductions in funding would impact the program's ability to conduct complete and timely investigation of potential cases and the ability to accurately characterize the epidemic in the state. Furthermore, surveillance data determine federal funding levels for HIV Prevention and Services and are used for local planning, evaluation, and programs such as outreach to people who have been exposed to HIV. Any increase in funding would allow for more optimal functioning of the surveillance system as resources would likely be directed toward advancements in technology (more efficient electronic reporting and optimization of data management systems) and quality assurance activities.

Objectives

- 1) Min 85% of expected # of cases for a year will be reported by 12 mo after diagnosis (CDC national completeness standard);
- 2) Min 85% of cases will be investigated and confirmed within 45 days of report to OPH (OPH-HAP timeliness standard).

Performance Indicators

- Percent of expected # of cases reported within 12 mo of diagnosis (CDC completeness standard)
- Percent of cases investigated and confirmed within 45 days of report to OPH (OPH-HAP timeliness standard)

Narrative

The Louisiana Office of Public Health HIV/AIDS Program (OPH-HAP) receives funding from the Centers for Disease Control and Prevention (CDC) to conduct HIV Surveillance which includes statewide activities to monitor, quantify, and characterize the epidemic as a part of the CDC's national HIV surveillance system. HIV and AIDS are reportable conditions per the Louisiana

Administrative Code (Title 51. Public Health – Sanitary Code, Part II. The Control of Diseases). While some US jurisdictions only recently initiated confidential reporting of cases, OPH-HAP has a well-established comprehensive surveillance system. The specific activities include:

- Establishing and maintaining systems for reporting potential cases from medical providers, laboratories, and other entities that are required to report to OPH per the Sanitary Code
- Active case finding and epidemiologic investigations of potential pediatric and adult cases of HIV infection, including intensive review of all perinatal (mother-to-child) exposures
- Estimating recent vs. long-term infection among newly-diagnosed cases
- Assessing medication resistant strains of HIV among newly-diagnosed cases
- Monitoring risk factors contributing to the epidemic
- Evaluating the timeliness and completeness of the reporting system
- Identifying cases that require direct follow-up and linkage to care (newly-diagnosed; pregnant women with HIV; lost to care)
- Publishing and disseminating summary reports that describe the characteristics of newly-diagnosed cases, persons living with HIV infection, persons progressing to advanced disease (AIDS), mortality, and risk factors associated with infection.

The objectives and indicators defined in the APR for HIV Surveillance reflect two key standards that will help to ensure that the state’s HIV reporting system is rigorous and efficient:

- 1) To monitor the ability of Louisiana’s HIV reporting system to identify all of the cases that should be reported, OPH-HAP will adopt CDC’s “completeness” performance standard for HIV surveillance systems nationally. CDC will disseminate the tools for this evaluation in the Spring of 2010 to measure completeness of reporting for past and future years.
- 2) To ensure efficiency in investigating potential cases reported to OPH, the program is adopting an aggressive standard for “timely” confirmation of cases. Expediting investigations critical to ensure linkage to care for newly-diagnosed and testing for partners.

A rigorous HIV Surveillance program is fundamental to monitoring and characterizing the epidemic in the State. HIV surveillance data illuminate the burden of disease and mortality

in geographic areas, and disparities among sociodemographic groups and other populations. Surveillance data form the foundation upon which programs must be built in order to advance the State's goal of "Better Health."

The federal government uses the State's surveillance data to monitor the epidemic nationally, to plan appropriate prevention and care programs nationally, and to allocate resources to states and territories for HIV-related programs. Specifically, Louisiana's HIV surveillance data are used to determine the allocation of legislatively-mandated formula-based funding from the US Health Resources and Services Administration (HRSA) under the federal Ryan White program to the State, Baton Rouge and New Orleans.

Within Louisiana, data are used by OPH-HAP for planning responsive programs and ensuring data-driven allocation of resources across the state for prevention and care (please see the other APRs listed under "HIV Disease Monitoring, Prevention, and Care"). In addition, data are used by other state programs, cities, universities, health care providers and other entities to draw grant resources to the State for programs to address health disparities, serve vulnerable populations, advance technologies to improve care, and build infrastructure. Examples include state and private medical centers that competed for funding to establish federally-funded HIV primary medical care clinics in underserved areas; community-based agencies that competed to provide specialized case management services for women with HIV with the goal of reducing mother-to-child transmission of HIV; and a federal demonstration project to reach "out of care" populations using electronic messages in a medical provider's clinical record system.

OPH – HAP has a very strong HIV surveillance program. The strength of the program can be attributed in part to the State's comprehensive and long-standing disease reporting requirements (Sanitary Code, <http://doa.louisiana.gov/osr/lac/51v01/51.doc>) and to OPH-HAP's history of securing competitive and "invitation-only" funding from the CDC for special projects in addition to routine surveillance activities. Over time, these projects have contributed to new national surveillance protocols and bolstered the State's HIV surveillance infrastructure such as the awards for: electronic reporting from laboratories (various projects, 1996-2005); special studies to test methods to estimate recency of HIV infection among newly-diagnosed (various projects, 1994-present); activities to assess medication resistant strains of HIV (various projects, 1998-present); piloting the national surveillance data management system (2003-2005); investigation of perinatal exposures to assess adherence to national care standards as well as exposure outcomes (various projects, 1988-present); and piloting the methods to evaluate the performance of HIV surveillance systems nationally (funded 2002-2004, to be implemented nationally 2010).

For 2009, OPH-HAP secured \$2.1 million dollars of federal resources for the surveillance activities described in the “Narrative” section of the APR. In addition to general case ascertainment activities and dissemination of data, Louisiana is significantly contributing to the nation’s surveillance of HIV through participation in the development of several new surveillance protocols: HIV incidence surveillance, surveillance of drug resistant HIV strains, and monitoring risk factors. Intensive follow-up on perinatal exposures is another key funded component, actively guiding local efforts to prevent mother-to-child transmission of HIV (CFDA Nos. 93.944, 93.940, 93.941).